DLN: 93493133078222

OMB No. 1545-0047

2020

Form **990**

Department of the

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

		nue Service								
				ginning 07-01-2020 , and ending 0	06-30-2021					
		pplicable:	C Name of organization Centura Health Corporation			l ') Employ	er identii	fication number	
□ Na		change ange					84-133	5382		
☐ Ini		-	Doing business as							
		n/terminated					- Telenhor	ne number	<u> </u>	
		d return	Number and street (or P.O. box 9100 E Mineral Circle	if mail is not delivered to street address) Roo	m/suite		·			
ш ар	olicatio	on pending	City or town state or province	country, and ZIP or foreign postal code			(303) 2	90-6500		
			Centennial, CO 80112	country, and ZIP or foreign postal code			5		.00 403 004	
			F Name and address of princ	-:! - <i>EE</i> :	1 3				508,482,984	
			Peter Banko	cipal officer.	H(a)	Is this a	•	turn for		
			9100 E Mineral Circle		ш/ы	subordin Are all su		tes	□Yes ☑No	
r Tay	/-0Y0P	npt status:	Centennial, CO 80112		─ │ ` ` ′	included			∐Yes ∐No	
<u> </u>	CACI	iipt status.	☑ 501(c)(3) □ 501(c)()	◀ (insert no.)	ı			•	instructions)	
J W	ebsit	e:► ww	w.centura.org		н(с)	Group ex	emption	number	•	
_					I Year	of formation	n: 1996	M State	of legal domicile: CO	
∢ Forn	n of or	rganization:	✓ Corporation ☐ Trust ☐ /	Association ☐ Other ►	L rear	or rormado	11. 1550	I-I State	or legar dofficire.	
Pa	ırt I	Sum	marv							
	1 E	Briefly des	cribe the organization's missio	n or most significant activities:						
				d organization, invests in charity care, o	community p	programs	and spor	sorships	designed to nurture	
ည်	<u> </u>	ne neaith	of the people in the communit	des it serves.						
<u> </u>	_									
Activities & Governance	-		_							
3				discontinued its operations or disposed			its net a		1	
ರ				rning body (Part VI, line 1a)				3	13	
<u>e</u>			•	s of the governing body (Part VI, line 1b	•			4	11	
Ĕ			, ,	n calendar year 2020 (Part V, line 2a)				5	5,083	
ACI			•	necessary)				6	11	
			elated business revenue from I			7a	7,924,150			
	b	Net unrel	ated business taxable income	from Form 990-T, line 39		• •		7b		
						Prior			Current Year	
ġ.			ions and grants (Part VIII, line	•			331,		2,567,549	
Rəvenue		_	service revenue (Part VIII, line		76,519,		501,091,34			
č			nt income (Part VIII, column (A		1,655,040			4,871,74		
				nes 5, 6d, 8c, 9c, 10c, and 11e)			262,		-69,868	
				must equal Part VIII, column (A), line 12	2)		78,768,	_	508,460,770	
				X, column (A), lines 1–3)			363,	133	607,36	
		·	paid to or for members (Part IX			0				
83		•		e benefits (Part IX, column (A), lines 5-1	^{LO)}		250,459,			
Expenses			• • •	olumn (A), line 11e)				0		
ੜੇ			aising expenses (Part IX, column (·· · ·	-					
ш		· ·		nes 11a-11d, 11f-24e)			26,693,		239,334,070	
			•	equal Part IX, column (A), line 25)			177,515,		515,932,83	
(n	19	Revenue	less expenses. Subtract line 18	3 from line 12			1,253,		-7,472,06	
S S					Beg	ginning of	Current Y	ear	End of Year	
Net Assets or Fund Balances	20	Total asso	ets (Part X, line 16)			F	510,479,	495	582,896,18	
A B			ilities (Part X, line 26)				238,748,		294,110,339	
ž Ę			s or fund balances. Subtract li		·		271,731,		288,785,84	
	rt II	_	ature Block				., _,,,			
Jnder	pena	alties of p	erjury, I declare that I have ex	camined this return, including accompan						
knowl any k			f, it is true, correct, and compl	ete. Declaration of preparer (other than	officer) is b	pased on a	ll inform	ation of	which preparer has	
ану к	TOWIC									
		*****				2022-0	5-13			
Sign		Signati	ire of officer			Date				
Here	:		Gaasch CFO							
		 	r print name and title							
		P	rint/Type preparer's name	Preparer's signature	Date	Check		PTIN P0215026		
Paid		F		Land Combally Use 22		self-em	ployed			
Pre		71	rm's name Adventist Health S	ystem Sunbelt Health		Firm's	EIN ► 59	-21/0012		
Use	On	ly F	rm's address ▶ 900 Hope Way			Phone	no. (407)	357-2317		
			Altamonte Springs,	FL 32714						
May +	ho ID	Calicana		shown above? (see instructions)		•		[Z]	Yes 🗆 No	

Form	990 (2020)						Page 2
Pa	statement of	of Program Servi	ce Accomplis	hments			
	Check if Sched	ule O contains a resp	onse or note to a	any line in this Part III .			✓
1	Briefly describe the or	ganization's mission:					
We e	extend the healing minis	try of Christ by caring	for those who	are ill and by nurturing th	e health of the people in our com	munities.	
2	Did the organization u	ndertake any significa	ant program ser	vices during the year whice	ch were not listed on		
	the prior Form 990 or	990-EZ?				☐ Yes 🔽	No
	If "Yes," describe thes	e new services on Sc	hedule O.				
3	Did the organization o	ease conducting, or n	nake significant	changes in how it conduct	ts, any program		
	services?					☐ Yes [✓ No
	If "Yes," describe thes	e changes on Schedu	le O.				
4		501(c)(4) organization	ons are required	to report the amount of	rgest program services, as meas grants and allocations to others,		s.
4a	(Code:) (Expenses \$	385,070,050	including grants of \$	607,365) (Revenue \$	493,097,330)	
	See Additional Data						
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)	
	-						
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)	
	-						
	-						
4d	Other program service	es (Describe in Sched	ule O.)				
	(Expenses \$	•	luding grants of	\$) (Revenue \$)	
46	Total program servi	ce expenses >	385.070.0	50			

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18

Nο

Form **990** (2020)

Form	990 (2020)			Page 3
Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part 90	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	18		No

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

rm	990 (2020)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I	25b		No
6	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	27		No
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1.513		Yes	No

1b

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 \mathbf{c} Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

0

1c

Yes

	990 (2020)			Page 5			
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return						
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No No			
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No			
u	The res, indicate the number of forms 6202 filed during the year 1. 1. 1. 1. 74						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
_	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders						
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
c	which the organization is licensed to issue qualified health plans						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	Yes				
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No			

Pai	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	" resp	onse to i	lines
		8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		✓
Se	ction	A. Governing Body and Management		34	
1.	Entor	the number of voting members of the governing body at the end of the tax year 1a 13		Yes	No
14		the number of voting members of the governing body at the end of the tax year 13 13 re are material differences in voting rights among members of the governing			
	body,	, or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O.			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 11			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other er, director, trustee, or key employee?	2		No
3		he organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	he organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did th	he organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	he organization have members or stockholders?	6	Yes	
7a	Did th meml	he organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a	Yes	
b		iny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?	7 b	Yes	
8		he organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing:			
а	The g	governing body?	8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	8 b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	9.)	
				Yes	No
		he organization have local chapters, branches, or affiliates?	10a		No
b		es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, pranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has t form?	the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	he organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to icts?	12b	Yes	
С		he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes	
13	Did th	he organization have a written whistleblower policy?	13	Yes	
14	Did th	he organization have a written document retention and destruction policy?	14	Yes	
15		he process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	r officers or key employees of the organization	15b	Yes	
	If "Ye	es" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ole entity during the year?	16a	Yes	
b	in joir	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt s with respect to such arrangements?	16b		No
Se	ction	C. Disclosure			
17		he states with which a copy of this Form 990 is required to be filed▶			
18		on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.			
		Own website $\ \square$ Another's website $\ extbf{Y}$ Upon request $\ \square$ Other (explain in Schedule O)			
19	policy	ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest y, and financial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records:			

Part VII

and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(A) (C) (D) (F) (B) (E) Name and title Estimated Average Position (do not check more Reportable Reportable than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation any hours director/trustee) organization organizations from the

	for related							/W 2/1000	(1) 2/1000	organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										
-										
										Form 990 (2020)

Form 990 (2020)				<u> </u>	<u> </u>								Page 8
(A) Name and title	(B) Average hours per week (list any hours	Position than of is b	ion (do	(C) lo no loox, u	c) ot che unles	neck mo ess pers	ore son	(D) Reporta compens from to) able sation the ation	(E) Reportable compensation from related organizations	n I	(F Estima amount o compen from	ated of other sation the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W-2/10 MISC		(W-2/1099- MISC)	(organizat relat organiz	ed
See Additional Data Table													
					$oxedsymbol{\Box}$								
	<u></u>		\perp	\perp	\perp	<u></u>	igsqcup						
		<u> </u>	<u> </u>	\downarrow	\downarrow	<u> </u>	$\perp \! \! \perp$	<u> </u>		<u> </u>			
		 			\downarrow	—	$\downarrow \downarrow$				_		
	+	 	\vdash	\vdash	\vdash	_	+	<u> </u>		<u> </u>			
	+	+	+-	\vdash	\vdash	+	+				+		
		 	+	\vdash	\vdash	+	+++				+		
	+	\vdash	+	\vdash	\vdash	+	++				+		
1b Sub-Total			-	<u> </u>	<u>. </u>	<u> </u>	<u></u>		\Box		丁		
c Total from continuation sheets to P d Total (add lines 1b and 1c)			: :			> _		17,888	3,182		0		2,946,376
Total number of individuals (including of reportable compensation from the	ng but not limited	d to thos				e) who	rece	eived more	than \$1	00,000			
												Yes	No
3 Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>			tee, ke	еу е •	:mplo	oyee,	or hic	ghest compe	ensated • •	employee on	3	Yes	
4 For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes	
5 Did any person listed on line 1a recei services rendered to the organization									n or ind	ividual for		•	NI ₂
Section B. Independent Contract			-	_	<u></u>		-	·			5		No
Complete this table for your five high from the organization. Report compe	hest compensate										mpens	sation	
	(A) and business addre					•••	• •			(B) cription of services		(C	
HUGE LLC	4							Ma		k Design Services			7,535,597
PO Box 74008225 Chicago, IL 60674													
G & G Organization 2600 North Loop West Ste 150								Coi	llection S	ervices		5	5,039,048
Houston, TX 77092 Surgio LLC								Dig	gital Heal	th Mgmt Consulting		1	,858,088
16000 N 80th Street Ste E									ervices	all rights eather			,055,
Scottsdale, AZ 85260 Aspirion										ction & Consulting		1	,742,249
PO Box 1437 Columbus, GA 31902								Ser	ervices				
Shields Health Solutions Holdi									ecialty Ph	narmacy consulting		1	,443,608
PO Box 844023 Boston, MA 022844023													
2 Total number of independent contracto compensation from the organization ▶		: not lim	iited t	o th	iose	listed	abov	/e) who rece	eived m	ore than \$100,00			
· · · · · · · · · · · · · · · · · · ·												Form 99	0.(2020)

		(2020)	- 6 5							Page 9
Part	VIII				resno	nse or note to any	line in this Part VIII			\square
		Check ii Schec	uie	O CONTAINS A	respo	inse of mode to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a	Federated campaig	gns	1	.a	0		revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		<u> </u>	.b					
s, G Am		Fundraising events Related organization		<u> </u>	.d					
Gift Eilar		Government grants (d			.e	2,449,331				
ons, Sim	f	All other contributions and similar amounts i	s, gift not in	ts, grants,		110 210				
bu t i ther		above		ļ.	Lf	118,218				
Contri and O	_	lines 1a - 1f:\$		_ 1	.g					
ರ ಕ	h	Total. Add lines 1a	a-1f		•	•	2,567,549			
	22	Management Fees				Business Code	409,704,793	405,215,625	4,489,168	
e n						541611	73,990,419	73,618,419	372,000	
Program Service Revenue		Laboratory Services				621500			372,000	
vice F	С	Net Patient Revenue				621111	13,475,874	13,475,874		
Ser	d	CIN Revenue				541611	3,058,627		3,058,627	
gran	e	e Medical Staff Credentialing				541990	496,770	496,770		
Æ	,	All other program	corv	ico rovonuo			364,865	360,510	4,355	
		Total. Add lines 2			•	501,091,348				
	3	Investment income	(inc	luding divide			006.760			206 760
		similar amounts). Income from invest			· ant ho	ond proceeds	896,760			896,760
		B 11:								
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental					1			
		expenses Rental income	6b				-			
		or (loss)	6с]			
	C	Net rental income	or (
	,,	Gross amount		(i) Securit	ies	(ii) Other	-			
	/ 4	from sales of assets other than inventory	7a 3,996,195		1,000					
	b	Less: cost or other basis and sales expenses	7b		0	22,214				
		Gain or (loss)	7c	· ·	96,195	<u> </u>	<u></u>			
		Net gain or (loss) Gross income from fu			 —	· · · · •	3,974,981			3,974,981
Other Revenue		(not including \$ contributions reported See Part IV, line 18	d on I	of line 1c).	8a					
Re	l b	Less: direct expen	ses		8b		1			
her	c	Net income or (los	s) fr	om fundraisii	ng eve	ents 🕨				
	9a	Gross income from See Part IV, line 19	gami	ing activities.						
	h	Less: direct expen			9a 9b		_			
		: Net income or (los				es >				
	10:	aGross sales of inve	entor	ry, less						
		returns and allowa			10a		-			
		Less: cost of good: Net income or (los			10b	orv >	J			
	Ť	Miscellaneo			IIVEIIC	Business Code				
	11	.aInvestment in Int	egra	ited Physicia		900099	-69,868	-69,868		
	b	,								
		•								
		All other revenue								
		Total. Add lines 1				•	-69,868			
	12	Total revenue. Se	ee ir	nstructions .	•		508,460,770	493,097,330	7,924,150	4,871,741 Form 990 (2020)

Form 990 (2020)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organizatio	ns must complete col	umn (A).
Check if Schedule O contains a response or note to a	ny line in this Part IX			🗸
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	607,365	607,365		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,127,982		11,127,982	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	214,818,714	150,130,552	64,688,162	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,201,132	6,831,280	3,369,852	
9 Other employee benefits	20,762,315	15,078,022	5,684,293	
10 Payroll taxes	19,081,250	12,777,931	6,303,319	
11 Fees for services (non-employees):				
a Management				
b Legal	2,571,480		2,571,480	
c Accounting	480,488		480,488	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	54,143,980	44,612,126	9,531,854	
12 Advertising and promotion	16,852,537		16,852,537	
13 Office expenses	9,065,560	4,164,697	4,900,863	
14 Information technology	62,416,251	62,400,282	15,969	
15 Royalties				
16 Occupancy	2,562,712	2,562,712		
17 Travel	998,117	874,139	123,978	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	2,587,431	1,019,702	1,567,729	
20 Interest	21,584	21,584		

33,792,966

42,422,011

4,710,431

3,043,929

2,184,563

1,081,057

515,932,834

398,979

33,792,966

42,422,011

4,710,431

3,043,929

15,975

385,070,050

4,346

394,633

2,184,563

1,065,082

Form **990** (2020)

130,862,784

21 Payments to affiliates . . .

expenses on Schedule O.)

b Repairs and Maintenance

c Other Taxes and License

d Dues and Subscriptions

e All other expenses

23 Insurance . .

a Medical Supplies

22 Depreciation, depletion, and amortization

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

Total functional expenses. Add lines 1 through 24e
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.
 Check here ► ☐ if following SOP 98-2 (ASC 958-720).

Form 990 (2020)

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33

Liabilities 22

Fund Balances

ō 29

Assets 30 73,324,387

85,059,747

582,896,184

266,570,916

56.868

27,482,555

294.110.339

288,785,845

288,785,845

582,896,184

Form 990 (2020)

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53.097.161

4,000,000

59,664,212

510,479,495

204,873,806

58.692

33,815,710

238.748.208

271,731,287

271,731,287

510,479,495

Page **11**

С	heck if Schedule	O contains a	a response	or note to	any	line in	this Par	t IX

Investments—publicly traded securities .

Other assets. See Part IV, line 11 .

Accounts payable and accrued expenses

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Investments—other securities. See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 33)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11

or family member of any of these persons . . .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

	Beginning of year		End of year
Cash-non-interest-bearing	1,613,891	1	22,0
Savings and temporary cash investments	81,241,127	2	72,7

1	Cash-non-interest-bearing	1,013,091	1	22,009,31
2	Savings and temporary cash investments	81,241,127	2	72,793,19
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	8,534,133	4	5,936,54
5	Loans and other payables to any current or former officer, director, trustee,			

	carrige and competent, cash microsments	, ,	_	l ' '
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	8,534,133	4	5,936,542
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	

	6	Loans and other receivables from other disqualit section $4958(f)(1)$, and persons described in se				6	
S	7	Notes and loans receivable, net				7	
set	8	Inventories for sale or use		[22,033,757	8	39,107,226
Ass	9	Prepaid expenses and deferred charges			47,803,926	9	45,573,817
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	821,393,595			
	Ь	Less: accumulated depreciation	10b	582.361.638	232.491.288	10c	239.031.957

2c

3a

3h

No

Form 990 (2020)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID:

Software Version:

EIN: 84-1335382

Name: Centura Health Corporation

Form 990 (2020)

Form 990, Part III, Line 4a:

Through a Joint Operating Agreement between CommonSpirit Health f/k/a Catholic Health Initiatives and Adventist Health System Sunbelt Healthcare Corp (Adventist Health System n/k/a AdventHealth), Centura Health Corporation (CHC) provides management services to 17 acute hospital campuses, along with numerous physician practices and clinics. CHC also provides management services to home care, residential, assisted living, long-term and hospice services. CHC was created to establish an integrated health delivery system across Colorado and western Kansas, with one very important vision - to provide whole person care to every community, every neighborhood, every life. The facilities operated by CHC are sponsored by AdventHealth and CommonSpirit Health, both of which are religious, nonprofit health systems. An ecosystem of connected people, services and care sites, CHC has created a common information technology platform that allows greater efficiencies and sharing of information across CHC facilities. This results in an improvement in health care delivery regardless of whether the patient is in a rural or urban area served by Centura facilities. CHC provides direct benefit to the community through various initiatives. From access for the uninsured, to community classes and education, CHC works diligently to coordinate and facilitate the community benefit activities of its facilities and entities. CHC is passionately responding to the ongoing needs of its neighbors, patients and communities to build whole person care and healthy communities. Some examples of the services the health system provides include the following: Ask-a-Nurse Call Center, a free community service for all Coloradoans with a direct link to experienced nurses providing hands-on care, including class scheduling and symptom checker; our two health SETs (Service,

Empowerment, Transformation) in Colorado Springs and Denver working to increase access to services for the uninsured and underinsured; and our pastoral nurse program helping to meet the needs of our community's homeless. Through a multitude of education programs, preventive care and safety initiatives, health advocacy, counseling and support groups, the facilities and entities that form CHC are committed to extending its Mission to serve all individuals throughout its hospitals, physician practices and clinics, urgent care and emergency centers, and more. The cost savings realized by this coordinated community benefit model enables Centura facilities and entities to dedicate additional resources to provide high-quality health care and community outreach services to the most vulnerable members of society.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation and a director/trustee) organization organizations from the any hours

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Chairman (end 12/20)

Board Member (beg 1/20)

Vice Chairman (end 1/21)

Board Member (end 12/20)

......

Haffner PhD Randall L

Houmann Lars D

Board Member

Jones Anthony

Board Member

Board Member

Board Member

Morissette Daniel

O'Rourke MD Terry

Melfi Mitch

Banks David

	(14, 2/1000							organization	organizations	rrom the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Banko Peter Board Member/Pres/CEO	40.00 10.00	Х		х				2,612,162	0	523,376
Bacon Kenneth Group Pres(end 2/21)/Board Mbr(beg 3/21)	33.30 5.00	Х						1,326,972	0	276,864
Webb Patricia	1.00								0	0

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(A) (E) (B) (C) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless amount of other compensation compensation week (list person is both an officer from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Treas/CFO/SVP(end 2/21)/Group Pres(beg 3/21)

Gaasch Andrew

Sim Edward

Gessel Thomas

Group Pres/CEO

Ordelheide Kris

SVP Legal Svcs

Damon Carrie

CIO/SVP

Exec VP/COO

Treas/CFO/SVP (beg 3/21)

	any hours	and	a dir	ecto	•	ustee)	+	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Rathbun Paul	1.00	Х						0	0	0
Chairman	1.00									
Shih Elizabeth	1.00	X						0	0	0
Board Member (beg 1/21)	0.50									
Soler Eddie	1.00								_	_

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239,030

129,185

334,149

291,188

179,228

48,892

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0

592,588

1,624,861

1,530,161

1,053,998

570,267

Shih Elizabeth	1.00	X			0	(
Board Member (beg 1/21)	0.50					
Soler Eddie	1.00					
		X			0	0
Board Member	0.50					
Wilcox Tammy	1.00					
		Χ			1 0	1
Board Member (beg 1/21)	0.50					
	40.00					

10.00 40.00

10.00 50.00

0.00 50.00

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Soler Eddie	1.00	¥				٥		
Board Member	0.50	^				Ŭ		
Wilcox Tammy	1.00							
		X				0	0	
Board Member (beg 1/21)	0.50							
Enderson Dan	40.00							
			1	Х		1,345,898	0	

and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other

week (list

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

person is both an officer

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	any hours	and	a dir	ecto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Dean Morre	50.00								_	
SVP Chief Integration	0.00					X		2,398,620	0	235,826
Gully MD Shauna SVP Chief Clinical Officer	50.00					х		946,792	0	173,579
Sanpei Dean SVP Chief Strategy Officer	50.00					х		933,738	0	184,319
	F0.00				$\overline{}$					

Gully MD Shauna				Y	946,792	0	
SVP Chief Clinical Officer	0.00			^	540,732	9	
Sanpei Dean	50.00			V	022 720	0	
SVP Chief Strategy Officer	0.00			Х	933,738	U	
Erling Brian	50.00			V	010 543	0	
			l I	Х	910,542	U	

Sanpei Dean	30.00			١.,			
SVP Chief Strategy Officer	0.00			Х	933,738	U	
Erling Brian	50.00			x	910,542	0	
CEO-Penrose St. Francis Hlth Svcs	0.00				310,312	•	

vanpar beam				x	933,738	0	
SVP Chief Strategy Officer	0.00				555,155		
rling Brian	50.00						
				l x	910,542	ı o	
CEO-Penrose St. Francis Hlth Svcs	0 00					1	

SVP Chief Strategy Officer	0.00						
Frling Brian	50.00						
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CEO-Penrose St. Francis Hlth Svcs	0.00				, i		

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rling Brian	50.00						
NO Description of the Constitution of the Cons				Х	910,542	0	194,893
CEO-Penrose St. Francis HIth Svcs	0.00						
ishtanbargar MD Coatt	50.00						

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1,080,790

crimg brian				Х	910,542	0	
CEO-Penrose St. Francis Hlth Svcs	0.00						
Lichtenberger MD Scott	50.00						
				X	960 793		

CEO-Penrose St. Francis Hith SVCS	0.00						
Lichtenberger MD Scott	50.00						
				Х	960,793	0	i
Group Pres Physician Alignment	0.00				,		1

CEO TENIOSE SE TTUNEIS THAT SVES	0.00						i .
Lichtenberger MD Scott	50.00						
-				Χ	960,793	ı ol	i
Group Pres Physician Alignment	0.00				,		i

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Ellner Scott

Former CEO-Physician Group

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SCHE (Form 9 990EZ)	990 c		Соі	mplete if the org	harity Status ganization is a sective 4947(a)(1) nonexer Attach to Form 9	on 501(c)(3) o npt charitable	organization or trust.	ort 🗀	2020	
-		Treasury	•		gov/Form990 for in			rmation.	Open to Public Inspection	
	f the	organizati Organizati Corporation	on					Employer identifica	ation number	
					(41)			84-1335382		
Part I					s (All organizations it is: (For lines 1 throu			ee instructions.		
1			•		ociation of churches d	· .	, ,	A)(i).		
2 [_ A	school des	cribed in s e	ection 170(b)(1)(A)(ii). (Attach Sche	edule E (Form 9	90 or 990-EZ).)			
3 [_ A	hospital or	a coopera	tive hospital servi	ce organization descri	bed in section	170(b)(1)(A)(i	ii).		
4	_] A	·	search orga	·	d in conjunction with a				nter the hospital's	
5				ed for the benefit lete Part II.)	of a college or univers	sity owned or op	erated by a gove	ernmental unit describ	ped in section 170	
6	_			•	governmental unit des					
7				rmally receives a (vi). (Complete I	substantial part of its Part II.)	support from a	governmental ui	nit or from the genera	I public described in	
8 [170(b)(1)(A)(vi). (Complete Part I	I.)			
9 [scribed in 170(b)(1)(e instructions. Enter t				ege or university or a	
ro [_ fr ir	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
L1 [exclusively to test for	public safety. S	ee section 509((a)(4).		
12 🗸	_ n	nore publicl	y supported	d organizations de	exclusively for the ber escribed in section 50 he type of supporting	9(a)(1) or sec	tion 509(a)(2)	. See section 509(a		
a 🔽	٠ ٥	rganization	(s) the pow		ted, supervised, or co ppoint or elect a major					
ь [] T	ype II. A s nanagemen	upporting of t of the sup	organization supe	rvised or controlled in ion vested in the sam nd C.					
с [] Т	ype III fu	nctionally	integrated. A su	ipporting organization			, -	ted with, its	
d [_ fu	inctionally i	ntegrated.	The organization	 A supporting organize generally must satisfy IV, Sections A and 	y a distribution r				
e [ed a written determina ntegrated supporting (RS that it is a Typ	oe I, Type II, Type III	functionally	
f En		-			· · · · · · · · · · · ·	-		2		
					pported organization(s).				
(i)	•	ne of suppo ganization	rted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No			
(A) Catho	olic He	alth Initiative	s Colorado	840405257	3	Yes		0	C	
(B) Porte	rcare A	Adventist Hea	lth System	840438224	3	Yes		0	C	
Гotal			2				+	0		
	erwo	rk Reducti		tice, see the Ins	structions for	L Cat. No. 11285	F S	chedule A (Form 99		

Sch	nedule A (Form 990 or 990-EZ) 2020						Page 2
P	Part II Support Schedule for	Organizations	Described in S	ections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	Section A. Public Support Calendar vear		I		I		
	(or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
	line 4.						
S	Section B. Total Support	T	ı			1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7							
8							-
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9							
_	activities, whether or not the						
	business is regularly carried on				1		
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						_
11							
12	10 Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for t						zation check
	this box and stop here	=			•		zation, check
	Section C. Computation of Publi				<u> </u>		
	Public support percentage for 2020 (li			column (f))		14	
	Public support percentage for 2019 Sc					15	
	a 33 1/3% support test—2020. If the						hox
100	and stop here. The organization qual						
b	33 1/3% support test—2019. If th	ne organization did	not check a box o	n line 13 or 16a,	and line 15 is 33 i		k this
_	box and stop here. The organization						
17 a	a 10%-facts-and-circumstances tes	t—2020. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization	n meets the "facts	-and-circumstanc	es" test, check thi	s box and stop h e	e re. Explain	
	in Part VI how the organization meets			-			. 🗆
_	organization						▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organis						
	Explain in Part VI how the organization						
	supported organization						▶□
18		on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	17b, check this box	k and see	
	instructions						▶□
					Schodu	le A (Form 990 o	r 990-F7\ 2020

Р	Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	quality under	the tests listed	pelow, please co	omplete Part II.)	
Se	ection A. Public Support						1
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are						
•	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
	ection B. Total Support		1	1	Γ	Π	1
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on	I					
	securities loans, rents, royalties and	I					
	income from similar sources.						
b	Unrelated business taxable income	I					
	(less section 511 taxes) from businesses acquired after June 30,	I					
	1975.	I					
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,	I					
	whether or not the business is	I					
12	regularly carried on.		-				1
12	Other income. Do not include gain or loss from the sale of capital assets	1					
	(Explain in Part VI.)	1					
13							
	11, and 12.).		<u> </u>	1.6 11 601 1		F04()(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	-			•	. , , ,	· —
	check this box and stop here					<u></u>	<u> ▶ ⊔ </u>
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2020 (lin					15	
16	Public support percentage from 2019 S					16	
	ection D. Computation of Investi				.,		
17	Investment income percentage for 202	•	.,	•	• •	17	
18	Investment income percentage from 2	019 Schedule A,	Part III, line 17 .			18	
19a	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more thar	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and s	stop here. The o	rganization qualifi	es as a publicly su	ipported organiza	tion	. ▶□
	33 1/3% support tests—2019. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	. ▶ □
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	▶ 🗆

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked

Page 4

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

No

No

No

No

No

No

No

No

Schedule A (Form 990 or 990-EZ) 2020

5a

6

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
	describe the designation. If instance and community relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	in section 509(a)(1) or (2).	2		No

	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	in section $509(a)(1)$ or (2) .	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c below			-

	They describe in the supported organizations are designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
	III Section 309(a)(1) or (2).	2		No
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c below.	3a		No

2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	No
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3h	

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	etermination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		

		34	140
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	No

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b

and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

SCITE	edule A (Form 990 of 990-E2) 2020		F	age :
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		No
b	A family member of a person described in 11a above?	11b		No
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		No
S	<u>VI.</u> ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	applied to such powers during the tax year.	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		No
S	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
-	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
,	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors

(explain in detail in Part VI): 2

Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 7 Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

5

7

Enter greater of line 2 or line 3 4

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

1 2 3

3

4

5

6

7

8

4

5

6

Schedule A (Form 990 or 990-F7) 2020

Current Year

_1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to who details in Part VI). See instructions	ich the organization is respons	sive (<i>provide</i>	8	
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions if any for years prior to 2020				

8 Distributions to attentive suppor details in Part VI). See instruct		the organization is respons	sive (<i>provide</i>	8	
9 Distributable amount for 2020 fr	rom Section C, line 6			9	
10 Line 8 amount divided by Line 9	amount			10	
Section E - Distribution (see instruction		(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from	om Section C, line 6				
2 Underdistributions, if any, for yea (reasonable cause required <i>exp</i> See instructions.					
3 Excess distributions carryover, if	any, to 2020:				
a From 2015			·		
b From 2016					

(see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see			

See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015		
b From 2016		
c From 2017		
d From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		
 Carryover from 2015 not applied (see instructions) 		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2020 distributable amount		

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		
 Carryover from 2015 not applied (see instructions) 		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
 a Applied to underdistributions of prior years 		
b Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to		

Schedule A (Form 990 or 990-EZ) (2020)

2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

See instructions.

d Excess from 2019.

a Excess from 2016. **b** Excess from 2017. c Excess from 2018.

e Excess from 2020.

3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133078222

OMB No. 1545-0047

SCHEDULE D

(Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

	me of the organization itura Health Corporation		Employer identification number
Cen	itura nealtri Corporation		84-1335382
Pa	Organizations Maintaining Donor Advi		r Accounts.
	Complete if the organization answered "Ye	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(a) Boller advised failes	(b) runus and other accounts
,	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
ı	Aggregate value at end of year		
	,		in a few days and the
•	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		
5	Did the organization inform all grantees, donors, and donor charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose co	
Pa	Complete if the organization answered "Ye	es" on Form 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the organ	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation	n or education) $igsqcup$ Preservation of an ${}^{\circ}$	historically important land area
	Protection of natural habitat	☐ Preservation of a c	ertified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the form	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histori	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqu structure listed in the National Register	``´	2d
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguished, or terminated by t	he organization during the
Ļ	Number of states where property subject to conservation	on easement is located >	
;	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		of violations, Yes No
j	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	
,	Amount of expenses incurred in monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
	> \$		
3	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?		^{70(h)(4)(B)(i)}
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the	footnote to the organization's financial states	
aı	the organization's accounting for conservation easemen till Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Ye If the organization elected, as permitted under FASB AS		t and balance sheet works of art.
	historical treasures, or other similar assets held for pub Part XIII, the text of the footnote to its financial statem	lic exhibition, education, or research in furthe	•
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub following amounts relating to these items:		
((i) Revenue included on Form 990, Part VIII, line $f 1$		> \$
(ii)Assets included in Form 990, Part X		<u></u>
2	If the organization received or held works of art, histori following amounts required to be reported under FASB.	cal treasures, or other similar assets for finan	
а	Revenue included on Form 990, Part VIII, line 1		▶\$
b	Assets included in Form 990, Part X		> \$

Cat. No. 52283D

Schedule D (Form 990) 2020

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

d Equipment .

 ${f e}$ Other .

Sche	dule D (Form 990) 2020							Page 2
Par	t IIII Organizations Maintaining Col	lections of Art, Historic	al Treasu	res, or Other	Similar Ass	ets (contin	nued)	
3	Using the organization's acquisition, accessio items (check all that apply):	n, and other records, check ar	ny of the fol	llowing that are a	significant use	of its colle	ection	
а	Public exhibition	d	☐ Loan	or exchange prog	rams			
b	Scholarly research	е	☐ Other	r				
С	Preservation for future generations							
4	Provide a description of the organization's col Part XIII.	lections and explain how they	further the	e organization's ex	empt purpose	in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to				-	☐ Yes	□ N-	0
Pa	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		Part IV, liı	ne 9, or reporte	d an amount	on Form	990,	Part
1 a	Is the organization an agent, trustee, custodi included on Form 990, Part X?				_	Yes	□ N-	0
b	If "Yes," explain the arrangement in Part XIII	and complete the following t	able:		Ame	ount		_
c	Beginning balance	,		1c				_
d	Additions during the year			1d				_
е	Distributions during the year							_
f	Ending balance			4.5				_
	•				Liliano [_
2a	Did the organization include an amount on Fo					_	⊔ N•	0
b	If "Yes," explain the arrangement in Part XIII	. Check here if the explanatio	n has been	provided in Part)	(III L			
Pa	rt V Endowment Funds. Complete if the organization answ	vered "Yes" on Form 990.	Part IV. lir	ne 10.				
	Gompiess in the digamization and			(c) Two years back	(d) Three years	back (e) Fo	our year	rs back_
1 a	Beginning of year balance							
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2 a	Provide the estimated percentage of the curre Board designated or quasi-endowment ▶	,	column (a))) held as:				
b	Permanent endowment >							
С	Term endowment ▶							
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.						
3a	Are there endowment funds not in the posses organization by:	sion of the organization that a	are held and	d administered for	the	[Yes	No
	(i) Unrelated organizations					3a(i)		
	(ii) Related organizations					3a(ii)		
ь 4	If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the					3b		
Pα	t VI Land, Buildings, and Equipment Complete if the organization answ		Part IV. lir	ne 11a. See For	m 990. Part	X. line 10)_	
	Description of property (a) Cost or oth (investment)	ner basis (b) Cost or other b					ok value	e
1a	Land		5,702,514				5	,702,514
	Buildings		68,504,686		14,092,279			,412,407
	Leasehold improvements				* .			· · ·
	Equipment	-	703,473,676		568,269,359		135	,204,317

43,712,719

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

43,712,719

239,031,957

### SC Steads to 5 for Proc. LC	Part VII	Investments—Other Securities.	5 000 D- TV ! 1	45 C F 000 F	No. 1 No. 19 a. 4.2	
2) Transcribed definitions			(b) Book value	(c) Metho	d of valuation:	
20 Content and Column (20 Price of Library Column (20 Pr		(including name of security)	,			
3) Other Face and Form (2) Other April (2) Other April (3) Other April (4) Other Appell (4) Other Appell (4) Other Appell (4)						
Complete	(3) Other					
Complete the comments - Program Related. T3,124,387	(A) CS Healt	h Op Inv Pool, LLC	69,196,073		<u>F</u>	
Discrepance		n Op Money Market	4,128,314		<u>F</u>	
Fig.	(C)					
Fig.	(D)					
Fig.	(E)					
Fig.	(F)					
10 10 10 10 10 10 10 10	(G)					
The control of the						
Toward report From 996, Arc X. col. (6) Not 12.1 73,324,387	(H)					
Investments	(I)					
Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, une 13.	Fotal. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)	73,324,387			
(a) Description of investment (b) Book value (c) Performance value 1) 2) 3) 4) 4) 5) 6) 7) 7) 8) 9) 100 100 100 100 100 100 100	Part VIII		Form 000 Port IV line 1	1a Caa Farm 000	Davit V Jino 12	
Costor enc-of-year market value 1)		_	Form 990, Part IV, line I			
2) 3) 4) 5) 6) 77 8) 70 10) 10stat. (Column (b) must equal from 990, Part X, col (B) line 13.) 2) 2) 2) 4) 10 (b) Book value 1) Does from Related/Affiliated 3) Dies flow Related/Affiliated 4) Description 4) 1) Due from Related/Affiliated 5) 1,188,574 2,79,396 3) Dies flow Related/Affiliated 5) 1,188,574 3,154,005 5) 7) 8) 9) 10) 10) 10) 10) 10) 10) 10) 10) 10) 10		(2, 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		(11)	Cost or end-of-year market	
3) 4) 4) 5) 6) 7) 8) 9) 10) 10) 10) 10) 10) 10) 10)	(1)				value	
40 41 42 43 45 55 66 77 87 88 99 100 Total. (Column (b) most equal Form 990, Part X, col.(g) line 13.) Part XX						
10						
5) 5) 5) 7) 8) 9) 10) 10) 10) 10) 10) 10) 10	3)					
10	(4)					
10	(5)					
10	(6)					
9) 10) votal. (Column (b) must equal Form 990, Part X, col.(8) line 13.) Part XX Other Assets. Complete if the organization answered. Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value 31,168,574 2)Cash Surrender Value 279,396 3)Other Receivables 77,712 4)Right of Use Asset-Operating Lease 3,534,065 5) 6) 7) 8) 9) 10) 10) 101 102 103 104 105 105 106 107 107 108 109 109 109 109 109 109 109						
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The content Column (b) must equal Form 990, Part X, col. (B) line 13.)	(8)					
total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value 1)Due from Related/Affiliated 279,396 3)Other Receivables 77,712 4)Right of Use Asset-Operating Lesse 3,534,065 (b) Part X, line 15. (c) Part X Other Asset-Operating Lesse 3,534,065 (c) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (a) Description of liability (b) Book value 22,03,351 (c) Capital Lesse 5,099,403 4) Payable to Third Parties 2,203,351 5) Credit Balances in A/R 6,630,738 6) Accrued Interest Payable 1,119 7) Operating Lesse Liability 3,3537,002 (b) Inter Liabilities 3,3537,002 (c) Capital Lesse Liability 3,3537,002 (c) Part X (c) (B) Rine 25.) (c) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain t	(9)					
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						ااldDIII د اام

1

2

b

3

1 2

а

2e 3

Page 4

а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a						
b	Other (Describe in Part XIII.)	4b						
c	Add lines 4a and 4b						4c	
5	Total revenue. Add lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal Form 990, Part I, line 12.)					•	5	
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents	With	ı Ex	pei	nses per F	Retur	n.

2a

2h

2c

2d

2a

2b

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities

Donated services and use of facilities

Other (Describe in Part XIII.)

Recoveries of prior year grants

2c 2d Add lines 2a through 2d . . 2e 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4

Investment expenses not included on Form 990, Part VIII, line 7b . . . 4b b Add lines **4a** and **4b** 4c

5

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference Explanation Schedule D (Form 990) 2020

<u> </u>	orm 990) 2020 Supplemental Info	rmation (continued)	Page 5
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2020

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No. 1545-0047

DLN: 93493133078222

Open to Public Inspection

reasury nternal Revenue Service		P GO LO WWW	. <u>w.ns.gov/romi990</u> 101	the latest illioi matic	on.		
lame of the organization						Employer identific	ation number
Centura Health Corporation						84-1335382	
Part I General Inform	ation on Grants	and Assistance					
 Does the organization mai the selection criteria used Describe in Part IV the org 	to award the grants anization's procedur	or assistance? es for monitoring the u	se of grant funds in the U	nited States.			☑ Yes ☐ No
Part II Grants and Other that received more			i nd Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
7)							
(8)							
(9)							
(10)							
(11)							
[12]							
Enter total number of sectEnter total number of other						·	19
			<u> </u>				

(Form 990)

Department of the

Page **2**

Schedule I (Form 990) 2020

(3)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Schedule I (Form 990) 2020

Part IV

Return Reference Part I, Line 2:

Explanation

- (4) (5)
- (6)
- (7)

the use of grant funds in the United States as the filing organization does not have a grant making program that would necessitate such procedures.

Grants are generally made only to the supported hospital organizations and/or their supporting Foundation organizations that are exempt from federal income tax under IRC Section 501(c)(3), or to other local charitable community organizations. Accordingly, the filing organization has not established specific procedures for monitoring

Additional Data

American Cancer Society Inc

American Heart Association Inc

3380 Chastain Meadows

Kennesaw, GA 30144

7272 Greenville Avenue Dallas, TX 75231

Parkway NW Suite 200

Software ID: **Software Version:**

13-1788491

13-5613797

EIN: 84-1335382

Name: Centura Health Corporation

15,000

200,000

Form 990	,Schedule I,	Part	II, Grants and	Other Assistance to	o Domestic Or	ganiza	tions and Dome	stic Governments.	

(a) Name and address of	(D) ⊏11/4	(c) INC Section	(u) Amount of Cash	(e) Amount of non-	(1) Method of Valuatio
organization		if applicable	grant	cash	(book, FMV, appraisal
or government				assistance	other)

501(c)(3)

501(c)(3)

(d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Name and address of

sal,

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

General Support

General Support

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Boulder Valley School District 84-6014683 Boulder Valley School 10.395 |General Support PO Box 9011 Boulder, CO 80301

General Support

100,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

The Colorado College

14 E Cache La Poudre Street Colorado Springs, CO 80903 84-0402510

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Colorado Golf Charities Inc 83-3262580 501(c)(3) 20.000 General Support

6355 Fairgrounds Avenue Ste 300 Windsor, CO 80550		

Aurora, CO 80046

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

20.000 General Support 501(c)(3) Delta Eta Boule Foundation 84-1459058 PO Box 462618

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Denver Public Schools 84-6001099 Denver Public School 10.000 |General Support 1860 Lincoln Street Denver, CO 80203

General Support

9.750

Douglas County School District

701 Prairie Hawk Drive Castle Rock, CO 80109

84-6011446

Douglas County School

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) School District 12 Education 74-2401659 501(c)(3) 10.000 General Support Foundation aka Five Star Education Foundation 1500 E 128th Avenue Thornton, CO 80241

General Support

40,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Fort Lewis College

Fort Lewis College

1000 Rim Drive Durango, CO 81301 84-6000556

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Jefferson County Public School 84-6002817 Jefferson County Pub 9.875 General Support 1829 Denver West Drive Bldg

General Support

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Mapleton Public Schol

27 Golden, CO 80401 Mapleton Public Schools

7350 North Broadway Denver, CO 80221 84-6000817

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 84-0902211 501(c)(3) 10.000 General Support Catholic Health Initiatives Colorado Foundation dba Mercy Health Foundation 9100 E Mineral Circle

General Support

170,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

84-0576459

Centennial, CO 80112

Metropolitan State University of Denver Foundation Inc PO Box 173362 Campus Box

Denver, CO 80217

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Mid America Ilaian Carfe 47 6006006 E01/-1/21 0.250 General Support

Lincoln, NE 68506 National Kidney Foundation Inc	13-1673104	501(c)(3)	15,000		General Support
of Seventh-Day Adventists PO Box 6128	47-6006806	501(c)(3)	9,250		General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

National Kidney Foundation Inc. 30 E 33rd Street

New York, NY 10016

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Nourich Colorado 26-2464764 501/61/21 ga nool General Support

403 Denver, CO 80218 Onward A Legacy Foundation	26-0045741	501(c)(3)	68,431		General Support
1490 N Lafayette Street Ste	20-2404704	301(c)(3)	84,000		General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 26 Cortez, CO 81321

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 84-1271042 501(c)(3) 40.000l El Paso Pride Soccer Club General Support Association 5955 Lehman Drive Ste 100

Colorado Springs, CO 80918

efil	le GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	33078	222
Sch	nedule J	Co	ompensati	ion Information	OI	ИВ No.	1545-0	0047
(Fori	m 990)		Compensa yanization answ	rustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV, a to Form 990.		20	2()
•	tment of the Treasury	► Go to <u>www.irs.go</u>		instructions and the latest inform	mation.	Open i		
	al Revenue Service ne of the organiz	<u>l</u> ation			Employer identifica		ectio umber	
Cen	tura Health Corpora	tion			84-1335382			
Pa	rt I Questi	ons Regarding Compensa	tion		0 . 1000001			
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		s or charter travel		Housing allowance or residence for	•			
		companions	님	Payments for business use of perso				
		nification and gross-up payment	is 📙	Health or social club dues or initiation				
	Discretion	nary spending account		Personal services (e.g., maid, chauf	Teur, cner)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all	1-2	2	Yes	
	airectors, truste	ees, officers, including the CEO/E	executive Director	r, regarding the items checked on Lir	ie la?			
3	organization's C	EO/Executive Director. Check al	ll that apply. Do r	ed to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i				
	✓ Compens	ation committee	✓	Written employment contract				
		ent compensation consultant Compensation survey or study						
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a	Yes	
b	Participate in, o	r receive payment from, a suppl	emental nonquali	ified retirement plan?		4b	Yes	
c				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	plicable amounts for each item in Part	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)) organizations	must complete lines 5-9.				
5	For persons list		on A, line 1a, did t	the organization pay or accrue any				
а	The organizatio	n?				5a	<u> </u>	No
b		anization?				5b		No
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any				
а	The organizatio	n?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixe rt III		7		No
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do 		8		No
9				presumption procedure described in		9		110
For F	Paperwork Redi	uction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule J	(Forn	1 990)	2020

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.								
(A) Name and Title		(B) Break	down of W-2 and/o	or 1099-MISC	and other	(D) Nontaxable benefits	columns	(F) Compensation in
	co	(i) Base ompensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								

Part I, Line 1a

Return Reference

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. **Explanation** Travel for companions: Centura Health Corporation (CHC) provides reimbursement for spousal travel when certain of its executives attend conferences sponsored

executive. Tax Indemnification and gross-up payments: CHC has a system-wide policy addressing gross-up payments provided in connection with employerprovided benefits/other taxable items. Under the policy, certain taxable business-related reimbursements (i.e. taxable business-related moving expenses) provided to any employee may be grossed-up upon approval by the filing organization's CEO and CFO. Discretionary spending account: A cash discretionary spending account was provided in the current year to eligible executives in the form of a car allowance of \$750 per month to help offset business travel expense. Other discretionary spending accounts may be provided in connection with attendance at conferences but typically do not exceed \$300 per participant. Taxable travel and other spending accounts are considered taxable compensation to the executive.

by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC). AHSSHC is the tax-exempt top-tier parent of Portercare Adventist Health Systesm (PAHS). PAHS is one of the two members of the filing organization. All spousal travel costs reimbursed to the executive are considered taxable compensation to the

Part I, Lines 4a-b Part I, Line 4a: During the year ending December 31, 2020, Morre Dean and Scott Ellner received severance payments in the amounts of \$107,693 and \$579,157 respectively. Pursuant to the CHC Corporate Executive Policy governing executive severance, severance agreements for executives operating at the Vice President level and above are entered into upon eligibility to facilitate the transition to subsequent employment following an involuntary separation from employment with CHC. Part I, Line 4b: Senior executives on the filing organization's management team that hold the position of Senior Vice-President or Hospital CEO are eligible to participate in the CHC EXECU-FLEX Benefit Plan (the Plan). In recognition of the contribution that each executive makes to the success of CHC, CHC provides for participation in the Plan to the eligible executives. The purpose of the Plan is to offer an opportunity to elect from among a variety of supplemental benefits to individually tailor a benefits program appropriate to each executive's needs. The executive is provided with a Flex allowance equivalent to 10% of base salary to purchase selected benefits and to contribute into a deferred non-qualified supplemental executive retirement plan. The Plan provides for a five-year cliff-vesting schedule with respect to amounts accumulated in the executive's deferred compensation account. CHC contributes into these deferred compensation accounts semiannually and amounts are subject to a substantial risk of forfeiture with active participation required at time of vesting. In addition, CHC provides a Pension Restoration Benefit (PRB) to restore qualified plan contributions lost on income in excess of the current federal maximum allowable compensation to a qualified plan. The PRB provides contributions by restoring the amount that would have been contributed to the executive's retirement savings plan for compensation in excess of the legislative limits. Benefit amounts are added to the participant's flex allowance each year based on their total compensation from the prior year. During the calendar year 2020, the following individuals participated in and received the following amounts from the supplemental non-gualified deferred compensation plans: CY Employer CY Employer CY SERP CY PRB SERP Contr. PRB Contr. Distribution Distrib. Peter Banko 256,349 227,849 0 0 Morre Dean 110,909 82,409 716,423 495,311 Edward Sim 160,853 132,353 0 0 Thomas Gessel 140,057 111,557 83,114 44,714 Kenneth Bacon 132,312 103,812 0 0 Dan Enderson 117,461 88,961 106,523 66,996 Kris Ordelheide 90,910 58,608 90,910 58,608 Shauna Gulley, MD 81,524 53,024 0 0 Dean, Sampei 85,887 57,387 0 0 Scott Lichtenberger, MD 96.767 0 0 0 Andrew Gaasch 58.216 29.716 0 0 Carrie Damon 23.321 0 0 0 Brian Erling 91.441 62.941 0 0 Scott Ellner 0 0 331.346 170.287 Schedule 1 (Form 990) 2020

Software ID:

Software Version:

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

EIN: 84-1335382

Name: Centura Health Corporation

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in (B)(i)-(D) other deferred benefits column (B) (i) Base Compensation (ii) (iii) reported as deferred on compensation Other reportable Bonus & incentive prior Form 990 compensation compensation 1Banko Peter 1,467,907 (i) 1,132,546 11,709 494,173 29,203 3,135,538 Board Member/Pres/CEO (ii) ol οl 0 0

0

	1,	-	١	U	U	U	U	U
1Dean Morre SVP Chief Integration	(i)	609,525	460,620	1,328,475	200,823	35,003	2,634,446	0
	(ii)	0	0	0	0	0	0	0
2Sim Edward Exec VP/COO	(i)	952,278	661,783	10,800	303,181	30,968	1,959,010	0
	(ii)	0	0	0	0	0	0	0
3 Gessel Thomas Group Pres/CEO	(i)	853,430	538,154	138,577	261,589	29,599	1,821,349	0
	(ii)	0	0	0	0	0	0	0
4 Bacon Kenneth Group Pres(end 2/21)/Board	(i)	852,093	462,445	12,434	246,099	30,765	1,603,836	0
Mbr(beg 3	(ii)	0	0	0	0	0	0	0
5Enderson Dan	(i)	708,356	452,736	184,806	215,522	23,508	1,584,928	0

	(ii)	0	0	0	0	0	0	0
2 Sim Edward Exec VP/COO	(i)	952,278	661,783	10,800	303,181	30,968	1,959,010	0
	(ii)	0	0	0	0	0	0	0
3 Gessel Thomas Group Pres/CEO	(i)	853,430	538,154	138,577	261,589	29,599	1,821,349	0
	(ii)	0	0	0	0	0	0	0
4 Bacon Kenneth Group Pres(end 2/21)/Board	(i)	852,093	462,445	12,434	246,099	30,765	1,603,836	0
Mbr(beg 3	(ii)	0	0	0	0	0	0	0
5 Enderson Dan Treas/CFO/SVP(end	(i)	708,356	452,736	184,806	215,522	23,508	1,584,928	0
2/21)/Group Pres(b	(ii)	0	0	0	0	0	0	0
6 Ordelheide Kris SVP Legal Svcs	(i)	541,542	346,649	165,807	158,618	20,610	1,233,226	0
	(ii)	0	0	0	0	0	0	0
7 Gully MD Shauna SVP Chief Clinical Officer	(i)	595,726	341,577	9,489	144,523	29,056	1,120,371	0
	(ii)	0	0	0	0	0	0	0
8 Sanpei Dean SVP Chief Strategy Officer	(i)	575,295	347,137	11,306	153,249	31,070	1,118,057	0
	(ii)	0	0	0	0	0	0	0
9 Erling Brian CEO-Penrose St. Francis	(i)	609,476	291,589	9,477	164,357	30,536	1,105,435	0
HIth Svcs	(ii)	0	0	0	0	0	0	0
10 Lichtenberger MD Scott Group Pres Physician	(i)	774,595	177,662	8,536	103,001	29,748	1,093,542	0

Group Pres/CEO							_,,-	
	(ii)	0	0	o	0	0	0	0
4 Bacon Kenneth Group Pres(end 2/21)/Board	(i)	852,093	462,445	12,434	246,099	30,765	1,603,836	0
Mbr(beg 3	(ii)	0	0	0	0	0	0	0
5 Enderson Dan Treas/CFO/SVP(end	(i)	708,356	452,736	184,806	215,522	23,508	1,584,928	0
2/21)/Group Pres(b	(ii)	0	0	0	0	0	0	0
6 Ordelheide Kris SVP Legal Svcs	(i)	541,542	346,649	165,807	158,618	20,610	1,233,226	0
	(ii)	0	0	0	0	0	0	0
7 Gully MD Shauna SVP Chief Clinical Officer	(i)	595,726	341,577	9,489	144,523	29,056	1,120,371	0
	(ii)	0	0	0	0	0	0	0
8 Sanpei Dean SVP Chief Strategy Officer	(i)	575,295	347,137	11,306	153,249	31,070	1,118,057	0
	(ii)	0	0	0	0	0	0	0
9 Erling Brian CEO-Penrose St. Francis	(i)	609,476	291,589	9,477	164,357	30,536	1,105,435	0
HIth Svcs	(ii)	0	0	0	0	0	0	0
10 Lichtenberger MD Scott Group Pres Physician	(i)	774,595	177,662	8,536	103,001	29,748	1,093,542	0
Alignment	(ii)	0	0	0	0	0	0	0
11Ellner Scott Former CEO-Physician	(i)	0	0	1,080,790	0	3,098	1,083,888	0
Group	(ii)	0	0	0	0	0	0	0
12Gaasch Andrew Treas/CFO/SVP (beg 3/21)	(i)	418,319	173,303	966	94,757	34,428	721,773	0
, , , , ,	(ii)	0	0	0	0	0	0	0
13Damon Carrie CIO/SVP	(i)	440,833	124,410	5,024	23,321	25,571	619,159	0
,	(ii)	0	0	0	0	0	0	0

efile GRAPHIC	C print - DO N	OT PROCES	S As	Filed Data -					DL	.N: 93	4931	3307	78222
Schedule L		Tran	sactio	ons with li	ntereste	d Persor	าร			01	MB No.	1545	-0047
(Form 990 or 990	-EZ) ► Compl	ete if the org	anization	answered "Yes	s" on Form 9	90, Part IV, li	ines 2	5a, 2	25b, 26	5,	20	121	N
		27, 28a,		28c, or Form 99 ach to Form 99			40b.				20		<u> </u>
Department of the Trea Internal Revenue Servi		Go to <u>www.i</u>	rs.gov/Fo	orm990 for inst	ructions and	I the latest inf	forma	tion.		9	Open t		
Name of the orga							Er	nplo	ver ide	entifica	Insp ation n		
Centura Health Cor								•	•				
Part I Exce	ss Benefit Tra	neactions (section 50	1(c)(3) section	501(c)(4) and	d section 501(c		-133		ne only	١		
	ete if the organiz	,				,		_					
1 (a) Name of disqua	lified person	(b) Relationship be		lified person ar	nd		escript		(d) Corrected?		
				-	organization		_	tr	ansacti	on	Ye	es	No
							+						
							_						
				Į.	lic l	1							
	mount of tax incu	,	_	-		_	year u	ınaer 	_	ո \$ ——			
3 Enter the ar	mount of tax, if a	ny, on line 2, a	above, reir	nbursed by the o	organization .					\$			
Part II Loa	ans to and/or	From Inter	ested De	ersons									
Con	nplete if the orga	nization answe	ered "Yes"	on Form 990-EZ	, Part V, line 3	38a, or Form 99	90, Pai	rt IV,	line 26	; or if	the org	aniza	tion
	orted an amount			5, 6, or 22 n to or from the	(a) Original	(f) Balance	(~)	T	l 1	L.\	1 7:	\ \\/:a	
(a) Name of interested person				janization?	(e) Original principal	1 , ,	'i			oproved by a		(i) Written agreement?	
					amount				board or committee?				
			То	From	1		Yes	No	Yes	No	Yes		No
											\vdash		
Total .					\$	•							
Part III Gra	nts or Assista	nce Benefit	ting Inte	rested Perso	ns.								
	plete if the org					1							
(a) Name of inter		b) Relationship nterested perso			of assistance	(d) Type (of assi	stanc	e	(e) Pu	rpose o	f assi	stance
		organizat											
				-									
				1									
For Paperwork Red	uction Act Notice	see the Instru	ctions for F	orm 990 or 990-	EZ. C	at. No. 50056A		Sci	redule !	(Form	990 or	990-	F71 202

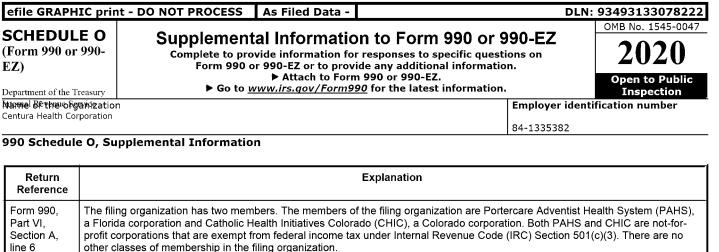
Explanation

Schedule I. (Form 990 or 990-F7) 2020.

(1) Chali Enderson	Family of Officer	64,837	Employee compensation	No
Part V Supplemental Ir	oformation			

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference



990 Schedule O, Supplemental Information

Trustees appointed by CHIC at all times.

Return

line 7a

Reference	
Form 990,	The Board of Trustees (the Board) of the filing organization are appointed by its members, Portercare Adventist Health System
'	(PAHS) and Catholic Health Initiatives Colorado (CHIC). PAHS is entitled to appoint up to seven Trustees to the Board and CHIC is entitled to appoint up to seven Trustees to the Board. The number of Trustees appointed by PAHS must equal the number of

Explanation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Portercare Adventist Health System (PAHS) and Catholic Health Initiatives Colorado (CHIC), as the sole members of Centura Health Corporation (the Corporation), have certain reserved powers as set forth in the Bylaws of the filing organization. These reserved powers include the following: (a) to sell, transfer or otherwise dispose of any real estate owned by the Corporation or any Managed Facility with a fair market value in excess of three million dollars (\$3,000,000); (b) to sell, transfer or otherwise dispose, (collectively the "transfer") other than in the ordinary course of business, of any other asset by the Corporation or a Managed Facility with a fair market value (individually or collectively) at the time of such transfer in excess of three million dollars (\$3,000,000); (c) to enter into any promissory note or debt instrument or guaranty any indebtedness by or on behalf of the Corporation or a Managed Facility in excess of two hundred fifty thousand dollars (\$250,000) or to perform under any capital lease with future payments in excess of two hundred fifty thousand dollars (\$250,000); (d) to alter, amend, restate or repeal the Articles of Incorporation, Bylaws or Mission Statement of the Corporation or a Managed Facility; action on these matters may also be initiated by one or both of the members; (e) to approve the admission of a new sponsor or other affiliation by a health care system or facility with the Corporation or a Managed Facility; (f) to approve a plan of merger, dissolution, consolidation or corporate reorganization involving the Corporation or a Managed Facility; (g) to waive, settle or compromise any legal proceeding, suit, claim or action (collecting a "claim") against or brought by or on behalf of the Corporation or a Managed Facility if the uninsured portion of the amount in controversy is in excess of two million dollars (\$2,000,000); provided, however, the approval of the members shall be required to contest, settle or compromise any claim brought by or on behalf of the federal or sta

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The filing organization's current year Form 990 was reviewed by the CEO and by the CFO prior to its filing with the IRS. The review conducted by the CEO and the CFO did not include the review of any supporting workpapers that were used in preparation of the current year Form 990, but did include a review of the entire Form 990 and all supporting schedules.

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The Conflict of Interest Policy of the filing organization applies to members of its Board of Trustees (the Board) and its principal officers and key employees (to be known as Inte rested Persons). Consistent with the filing organization's integrity standards, it is poli cy that each Board of Trustee member, or any corporate officer or key employee of the fili ng organization act at all times in a manner that is consistent with the filing organizati on's mission and values-based service to the community and exercise care that he or she do es not have any personal interest which might conflict with or appear to conflict with the interest of the filing organization or which might influence their judgment or actions in performing their duties. In connection with an actual or possible transaction or arrangement involving the filing organization, any board member, corporate officer, or key employee e who has a direct or indirect financial interest must disclose and be given the opportunity to share all material facts with the Board considering the proposed transaction or arrangement. Board members, corporate officers, and key employees are also required to disclose e any possible conflicts on an annual basis through a Conflict of Interest Questionnaire. Procedure for disclosing and reviewing transaction or arrangement potential conflicts of i nterest: 1) Board members, corporate officers, and key employees that have a financial interest in any actual or possible transaction involving the filing organization are required to disclose the financial interest. 2) In order to determine if a conflict of interest ex ists, the individual who is considered to have a financial interest may make a presentation to the Board or Board committee. After such presentation, the individual shall leave the meeting for discussion and a vote on the issue. 3) After exercising due diligence, the Bo ard or Board committee shall determine by a majority vote of the disinterested members whether the transaction is in the filing organization's b

990 Schedule O, Supplemental Information

Return

Reference	
Form 990, Part VI, Section B, line 12c	nization. 3) On an annual basis, Board members, corporate officers, and key employees will also be sent an email requesting they complete the Board member and corporate officer Con flict of Interest Questionnaire by the specified due date in the email. 4) The corporate r esponsibility department shall notify the chairperson of the Board of any potential conflicts and the chairperson, or designee, shall perform further investigation as he or she dee ms appropriate. Record of proceedings: The minutes of the Board and Board committee shall contain the names of persons who disclosed or otherwise were found to have a financial interest and the nature of the financial interest; and the names of persons who were present for discussions and votes relating to any financial interest, the content of the discussion, including any alternatives, and a record of the Board or Board committee decision. Viol ations of the conflicts of interest policy: If the Board or Board committee has reasonable cause to believe that an individual has failed to disclose either an actual or potential conflict of interest, or all material facts surrounding an actual or possible conflict, the individual will be given a chance to explain. After hearing the response, the Board will conduct such additional investigation as appropriate. If the board determines that the in dividual has in fact failed to disclose as required by the Conflict of Interest Policy, the Board shall take appropriate disciplinary or corrective action.

Explanation

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Reference	·
Form 990, Part VI, Section B, line 15	Question 15 a&b: External consultants are engaged to provide market-based compensation studies to make recommendations to the filing organization's Compensation Committee regarding the compensation of the filing organization's CEO and CFO. The Compensation Committee is appointed by the Board of Trustees. The Board of Trustees may remove at any time, with or without cause, any member of the Compensation Committee; provided the filing organization's members, Portercare Adventist Health System (PAHS) and Catholic Health Initiatives Colorado (CHIC), shall have exclusive authority to appoint or remove, with or without cause, any member it or they appoint to the Compensation Committee. The consultant's recommendations are presented to and deliberated by the Compensation Committee. The Compensation Committee relies upon all available comparable compensation data in finalizing its decision concerning compensation for its senior executive positions. The Compensation Committee deliberations and decisions are documented appropriately. The filing organization's Human Resources department performs an annual analysis of the market to determine compensation ranges for the remainder of the filing organization's Executives which are reviewed and approved by the filing organization's senior leadership.

Explanation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The filing organization's organizing and governing documents are available on the Colorado Secretary of State website. The filing organization does not generally make its Conflict of Interest Policy or financial statements available to the public.

Return Reference	Explanation
Form 990, Part VI, Line 16B, Joint Venture Policy	Centura Health Corporation has not formally adopted a written policy or written procedure regarding joint ventures. Practices are in place that require the filing organization to perform an analysis and evaluation of its participation in every joint venture in which the filing organization will have an ownership interest. The internal review and analysis ensures that the filing organization will not become a participant in any joint ventures that could potentially threaten the tax-exempt status of the filing organization.

Return Reference	Explanation
Form 990, Part IX, line 11g	Payments to Hithcare Professionals: Program service expenses 3,659,497. Management and general expenses 0. Fundraising expenses 0. Total expenses 3,659,497. Professional Fees: Program service expenses 27,433,984. Management and general expenses 0. Fundraising expenses 0. Fundraising expenses 0. Total expenses 27,433,984. Purchased Medical Services: Program service expenses 9,164,672. Management and general expenses 0. Fundraising expenses 9,164,672. Environmental Services: Program service expenses 309,934. Management and general expenses 0. Fundraising expenses 0. Total expenses 309,934. Recruiting: Program service expenses 131,079. Management and general expenses 0. Fundraising expenses 0. Total expenses 131,079. Lab Courier Fees: Program service expenses 3,835,551. Management and general expenses 0. Fundraising expenses 0. Total expenses 3,835,551. Interpretation Services: Program service expenses 8,638. Management and general expenses 0. Fundraising expenses 0. Fundraising expenses 0. Total expenses 68,771. Management and general expenses 0. Fundraising expenses 0. Total expenses 0. Fundraising expenses 0. Total expenses 0. Total expenses 0. Total expenses 0. Total expenses 0. Fundraising expenses 0. Total expense

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Reversal of Division Liabilities 9,904,714. Contribution from Tax-Exempt Related Supported Organization 6,500,000. Rounding -2.

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R**

(Form 990)

Department of the Treasury

Centura Health Corporation

Internal Revenue Service Name of the organization As Filed Data -

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493133078222

Open to Public Inspection

Employer identification number

84-1335382

Part I Identification of Disregarded Entities. Complete	e if the organization ans	wered "Yes" on For	m 990, Part IV, lin	e 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (s or foreign count		(e) End-of-year assets	(f) Direct controlling entity	9	
(1) Colorado Accountable Care LLC 9100 E Mineral Circle Centennial, CO 80112 90-0858536	Inactive	со		0 0	Centura Health Corporation		_
(2) Centura Staffing LLC fka Live Your Mission Staffing LLC 9100 E Mineral Circle Centennial, CO 80112 85-1285175	Inactive	СО		0 0	Centura Health Corporation		
							_
							_
Part II Identification of Related Tax-Exempt Organizat related tax-exempt organizations during the tax year		ganization answere	 ed "Yes" on Form 9	 90, Part IV, line 34	 - because it had one c	r more	_
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	g) n 512(b ontrolled tity?
(4) Catholic Houlth Initiatives Coloredo (620 VF)	Operation of Heavital 9	60	E01(a)(2)	lina 3	Common Crivit Hoolth	Yes	No
(1)Catholic Health Initiatives Colorado (630 YE) 9100 East Mineral Circle	Operation of Hospital & Related Services	СО	501(c)(3)	Line 3	CommonSpirit Health		No
Centennial, CO 80112 84-0405257							
(2)Portercare Adventist Health System (630 YE) 9100 East Mineral Circle	Operation of Hospital & Related Services	СО	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp		No
Centennial, CO 80112 84-0438224							
For Paperwork Reduction Act Notice, see the Instructions for Forr	 n 990.	Cat. No. 501	.35Y		Schedule R (Forn	n 990) 2	020

		1	1		1	1				1	1	
(a) Name, address, and EIN related organization	of	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)		(g) Share of end-of-year assets	(I Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partn	al or Per ging ow
					314)			Yes	No		Yes	No
Identification of Related Orga because it had one or more relate						ization ans	L wered "Ye	l s" on F	orm 9	1 990, Part IV	, line	34
(a) Name, address, and EIN of related organization	(b) Primary activity	l do (state	(c) _egal omicile or foreign		entity (C d	(e) pe of entity orp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	-of- Perce	h) ntage ership	Section (13) of en
		со	untry)									Yes
				- 1								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	. 1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 j	Yes	

f Dividends from related organization(s)	11		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	:	No
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	n	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	1	No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharing of paid employees with related organization(s)				10		No
Р	Reimbursement paid to related organization(s) for expenses				1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses				1 q	Yes	
_	Other transfer of each or property to related organization(c)				1r	Yes	
	Other transfer of cash or property to related organization(s)						
S	Other transfer of cash or property from related organization(s)				1s	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	including covered r	elationships and trar	saction thresholds.			
_	,						
_	··· · ··· · · · · · · · · · · · · ·	-	-				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	nount in	nvolved	
	(a)	Transaction			nount in	nvolved	
	(a)	Transaction			nount in	nvolved	
	(a)	Transaction			nount in	nvolved	
	(a)	Transaction			nount in	nvolved	

Page **3**

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

was not a related organization. See instructions regarding exclusion	n for certain inv	estment p	artnerships.											
(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	or g ?	(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No		
													_	
													_	
													_	
	•									Schedul	e R (Form	990)) 2020	

chedule R (Form 990) 2020							
Part VII	Supplemental Info	formation					
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).					
Retu	rn Reference	Explanation					